



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. CATHERINE HOSPITAL, INC.

City of Hospital: East Chicago

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: St. Catherine Hospital

Email Address: bchocholek@comhs.org

Medicare Provider Number: 15-0008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$219066749
Outpatient Patient Service Revenue	\$297003136
Total Gross Patient Service Revenue	\$516069885

2. Deductions From Revenue

Contractual Allowance	\$357085321
Other Deductions	\$19800128
Total Deductions	\$376885449

3. Total Operating Revenue

Net Patient Service Revenue	\$139184436
Other Operating Revenue	\$73950260
Total Operating Revenue	\$213134696

4. Operating Expenses

Salaries and Wages	\$57875752	Employee Benefits	\$14988874
Depreciation and Amortization	\$5485897	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$142350965
Total Operating Expenses	\$220701488		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7566792	Total Assets	\$72077674
Net Non-operating Gains over Loss	\$87780	Total Liabilities	\$30128551

Total Net Gains	\$-7479012
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$233517327	\$172593580	\$60923747
Medicaid	\$168791882	\$128479964	\$40311918
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$113760676	\$56011777	\$57748899
Total	\$516069885	\$357085321	\$158984564

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$62302	\$-62302

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$569156	\$-569156
Hospital Patients	\$0	\$0	\$0
Community Education	\$4670	\$1819924	\$-1815254

Number of Medical Professionals Trained	992
Number of Hospital Patients Educated	7988
Number of Citizens Exposed to Health Education Messages	99140

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$14783838
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$19253	\$1871879	
HCI Payments	\$0		
Subtotal	\$19253	\$1871879	\$-1852626
Medicaid Shortfalls	\$36784897	\$49648354	
Subtotal	\$36804150	\$51520233	\$-14716083
DSH Payments	\$11148000		
Subtotal	\$47952150	\$51520233	\$-3568083
Medicare Shortfalls	\$57092405	\$64625763	
Other Government Programs	\$200743	\$313576	
Total	\$105245298	\$116459572	\$-11214274

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$8052088	\$9243844	\$-1191756

Comments

//